

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Dr		3-16-00
O.I.P.E. CLASSIFIER	CH	109016	3-23-00
FORMALITY REVIEW			5/10/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9-13
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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